## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or  $\underline{\underline{\mathcal{D}}}$ ocket Number

10748828

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                                   |              |                  |    | SMALL ENTITY TYPE |                        |         | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|--------------|-----------------------------------|--------------|------------------|----|-------------------|------------------------|---------|----------------------------|------------------------|
| TO  | OTAL CLAIMS                                    |   | 39           |                                   | Colu         | (Column 2)       |    |                   |                        | OR<br>1 |                            |                        |
|   |  |   | 70           |                                   |              |                  | -  | RATE              | FEE                    |         | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED |                                   |              | ER EXTRA         | E  | BASIC FEE         | 385.00                 | OR      | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 90 minus 20= |                                   | * /2         |                  |    | X\$ 9=            |                        | OR      | X\$18=                     | 2/5                    |
| INE   | DEPENDENT C                                    | LAIMS                                     | 3 mi         | nus 3 =                           | * 0          |                  |    | X43=              |                        | OR      | X86=                       |                        |
| ML  | JLTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT       |                                   |              |                  |    | +145=             |                        | OR      | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                                   |              |                  | _  | TOTAL             |                        | OR      | TOTAL                      | 986                    |
| CLAIMS AS AMENDED - PART II   |  |   |              |                                   |              |                  |    | '                 |                        | •       | OTHER                      | THAN                   |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                                   |              |                  |    | SMALL             | ENTITY                 | OR      | SMALL                      | ENTITY                 |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA |    | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                                |              | =                |    | X\$ 9=            | •                      | OR      | X\$18=                     |                        |
|   | Independent                                    | *   | Minus        | ***                               |              | =                |    | X43=              |                        | OR      | X86=                       |                        |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                   |              |                  |    |                   |                        | OR      | +290=                      |                        |
|   |  |   |              |                                   |              |                  |    | TOTAL             |                        |         | TOTAL<br>ADDIT. FEE        |                        |
|   |  | AL  | ODIT. FEE    |                                   |              | ADDII. FEE       |    |                   |                        |         |                            |                        |
| <u> </u>  |  | (Column 1) CLAIMS                         |              | (Colun                            | EST          | (Column 3)       | Г  |                   | ADDI-                  |         |                            | ADDI-                  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | PREVIO<br>PAID                    | DUSLY        | PRESENT<br>EXTRA |    | RATE              | TIONAL<br>FEE          |         | RATE                       | TIONAL<br>FEE          |
| MON   | Total  | *   | Minus        | **                                |              | =                |    | X\$ 9=            |                        | OR      | X\$18=                     | į                      |
| ME  | Independent                                    | *   | Minus        | ***                               |              | =                |    | X43=              |                        | OR      | X86=                       |                        |
| ٧   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                   |              |                  |    | 1                 |                        | Un      |                            |                        |
|   |  |   |              |                                   | •            |                  | Ŀ  | +145=             | ,                      | OR      | +290=                      | •                      |
|   |  |   |              |                                   |              |                  |    | TOTAL<br>DIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                |              | (Colun                            | nn 2)        | (Column 3)       |    |                   |                        | •       |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·            | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA |    | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | ** .                              |              | =                |    | X\$ 9=            |                        | OR      | X\$18=                     |                        |
|   | Independent                                    | *   | Minus        | ***                               |              | =                |    | X43=              |                        | OR      | X86=                       |                        |
| 4   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                   |              |                  |    |                   |                        | Ųħ      |                            | ·                      |
|   | 16 Ab  |   |              | 6 "                               |              |                  | L  | +145=             |                        | OR      | +290=                      |                        |
| <ul> <li>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul> |  |   |              |                                   |              |                  | AD | TOTAL<br>DIT. FEE |                        | OR ,    | TOTAL<br>ADDIT, FEE        |                        |
|   |  | mber Previously Pa<br>ber Previously Pai  |              |                                   |              |                  |    |                   | ropriate box           |         |                            |                        |
|   | -  | •   | •            | -                                 |              |                  |    | - ·               |                        |         |                            |                        |